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32798 7999 01/27/2010

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Robert P. Stanz

(Depositor's name)

/ **Robert P. Stanz /**

(Signature)

4/1/10

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/585,967	07/12/2006	Jonny Boyd Reckless	2147.0296/S1	6181

TITLE OF INVENTION: DEFEAT OF THE COPY PROTECTION OF OPTICAL DISCS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(\$ DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	04/27/2010

EXAMINER	ART UNIT	CLASS-SUBCLAS
ABRISHAMKAR, KAVER	2431	726.026099

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.63).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122 attached).
 "Fee Address" indication (or "Fee Address" indication form PTO/SB/17, Rev. 03-02 (or more recent) attached). Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm having as a member a registered attorney or agents and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. **Schwegman, Lundberg**
2. **& Woessner, P.A.**
3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type):

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Macrovision Corporation

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Santa Clara, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4. The following fee(s) are submitted:

Issue Fee Payment of Fees); (Please first reapply any previously paid issue fee shown above)

A check is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 10-9743. (Enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(b)(2).

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Authored Signature: James H. Salter

Date: **March 31, 2010**

Typed or printed name: James H. Salter

Registration No. **35,668**

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